

BLASTOCYST INJECTION REQUEST FORM

Date:	Institution:	Dept/Center:
PI:	email:	Phone:
Account #:		
Name and email address of contact person:		

IACUC Protocol #
(Please provide a copy of the approval letter with this request form)

IBC Approval #
(Please provide a copy of the approval letter with this request form)

Clone ID:

Source of ES clone and passage number
(i.e. own lab, TIGM core, MMRRRC, another lab, etc.):

Parental ES cell line and mouse strain derived from (ex. AB1, 129S5):

Submit this form and necessary attachments to Andrei Golovko at:

agolovko@tigm.org
tel: 979-458-5498
fax: 979-458-5559

For external clones submit 2 vials of frozen stock (~ 2.5 x10⁶ cells) on dry ice to the core. One vial will be sent to RADIL for pathogen testing and the other vial will be used for expansion once the clone has been shown to be free of mycoplasma and pathogens. The RADIL fee for the IMPACT IV test (the basic test panel) is ~ \$200/clone.

All resulting chimeric mice will be transferred/shipped to the investigator approximately 8 weeks after injection.

Shipping address:

Texas A&M Institute for Genomic Medicine
ATTN: Andrei Golovko
670 Raymond Stotzer Pkwy
4485 TAMU
College Station, TX 77843-4485